APPENDIX Z - COST-PLUS WORK FORMS

Standardized Schedules for Cost Plus Work

The below schedules are to be utilized by the Construction Firms under contractual agreement with the Authority. The contractor is to prepare the schedules; once prepared, the contractor forwards the document to the Resident Engineer (Supervision Consultant). The Resident Engineer will review and approve the amounts on Schedule A, Summary of Charges. The Project Engineer at the New Jersey Turnpike Authority will then indicate the amount paid on Schedule A, Summary of Charges.

Schedule A Summary of Charges

Summarizes all schedules, the total charges will agree to cost plus

amount billed. (Summarizes Schedule B, C, D and E)

Schedule B Daily Schedule of Labor Charges

Documents the amount of hours each employee worked daily

The hourly rate is from Schedule B-1

Schedule B-1 Calculation of Hourly Labor Rates

Computation of contractor's calculation for each Union classification

labor rate.

The total hourly rates should be transferred to Schedule B

Schedule C Daily Schedule of Equipment Charges

Documents the amount of hours equipment was engaged in the performance of work and/or idle time. The Hourly Rates are from Schedules C-1 and C-2

Schedule C-1 Calculation of Hourly Equipment Rates

Describes contractor's calculation for equipment rates.

The hourly rate and hourly operating cost rate should be brought to Schedule C

Schedule C-2 Schedule of Rented Equipment

Documents hours rented equipment was used and invoice information.

Total amount shall be brought to Schedule C

Schedule D Daily Schedule of Material Charges

Documents materials used for cost plus work. The contractor shall attach

copies of the invoices.

Schedule E Daily Schedule of Subcontractor Charges

Documents subcontractor charges for cost plus work.

Schedule F Inspector Report

The standardized Inspector report is be utilized by all Management Firms

performing daily inspections for cost plus work.

All information must be complete and the form must be signed daily by the

inspector and the Contractor's representative at the job site.

NEW JERSEY TURNPIKE AUTHORITY COST-PLUS WORK Schedule A SUMMARY OF CHARGES

	Period Covered: From_				
	Contract No	Contractor:	(Change Order #	_
	Item No.:	Description	:		_
				Approved by	
			Billed Amounts	Engineer	Paid Amounts
1	Labor				
	Labor Charges (from Sch.	B)			
	10% Profit	-			
	10% Overhead				
	Premium Time Labor (from	m Sah B)			
		II Scil. b)			
1a	10% Overhead Total Labor				
	10001				
-	! Equipment				
	Equipment Charges (from	Seb C)			
	5% Overhead	our.cy			
	Equipment Charges (from	Sch.C-2)			
	5% Overhead	,			
2a	Total Equipment				
		<u>'</u>			•
3	Material				
	Material Charges (from Sc	h. D)			
	10% Profit	,			
	10% Overhead				
3a	. Total Materials				
	'	<u>'</u>			•
_	Subcontractors				
	Subcontractor Charges (fr	om Sch.E)			
	5% Overhead				
4a	Total Subcontractors				
					-
	Grand Total (lines 1a, 2a	, 3a & 4a)			

NEW JERSEY TURNPIKE AUTHORITY COST-PLUS WORK DAILY SCHEDULE OF LABOR CHARGES

Contract No. ____ Contractor ___ Change Order No. ___ Period Covered: Fr. ___ To_____
Item No. ___ Description of Work and Location _____

SCHEDULE B

rade/	Classification	Employee Name/	Date	TOTAL	HOURLY	TOTAL						
ocal No.										HOURS	RATE*	AMOUNT
		ST										
		\$D										
		1.5X										
		2x										
		ST										
		SD										
		1.5X										
		2x										
		ST										
		\$D										
		1.5X										
		2x										
		ST										
		SD										
		1.5X										
		2x										
		ST										
		SD.										
		1.5X										
		2x										
		ST										
		SD										
		1.5X										
		2x										
		ST										
		SD										
		1.5X										
		2x										
From Sche	edule B-1											

NEW JERSEY TURNPIKE AUTHORITY COST-PLUS WORK CALCULATION OF HOURLY LABOR RATES

Schedule B-1

Item No.	Contract No	Contractor				
Trade						
Wages						
1 Wages		_				
Hourly Rate Vacation Vacati			(ST)	(SD)	(1 1/2)	(2X)
Vacation Cither	1 Wages					
Other Other 1a Taxable Wages Image: Control of the processing o	Hourly Rate					
Other 1a Taxable Wages	Vacation					
1a Taxable Wages	Other					
2 Taxes FICA	Other					
FICA FUTA % Unemployment (SUI) % Disability (SDI) % Other % Other % 2a Total Tax 3 Insurance Work. Comp. GL Umbrella Other % Other % Other % 4 Fringe Benefits Welfare Pension Health Annuity Other	1a Taxable Wages					
FUTA	2 Taxes					
FUTA	FICA	%				
Disability (SDI) %	FUTA	%				
Disability (SDI) %	Unemployment (SUI)	%				
Other % 2a Total Tax %*** 3 Insurance Work. Comp. Work. Comp. % GL % Umbrella % Other % Other % 3a Total Insurance %*** 4 Fringe Benefits Welfare Pension Health Annuity Other Other Other		%				
2a Total Tax %*** 3 Insurance Work. Comp. Work. Comp. % GL % Umbrella % Other % Other % 3a Total Insurance %*** 4 Fringe Benefits Welfare Pension Health Annuity Annuity Other Other	Other	%				
3 Insurance	Other	%				
Work. Comp. % GL % Umbrella % Other % Other	2a Total Tax	%**				
Work. Comp. % GL % Umbrella % Other % Other	3 Insurance					
GL % Umbrella % Other % Other % 3a Total Insurance %** 4 Fringe Benefits Welfare Pension Health Annuity Other Other Other		%				
Umbrella % Other % Other % 3a Total Insurance %** 4 Fringe Benefits Welfare Pension Health Annuity Other Other Other		%				
Other % 3a Total Insurance %*** 4 Fringe Benefits Welfare Pension — Health — Annuity — Other —	Umbrella	%				
3a Total Insurance %** 4 Fringe Benefits	Other	%				
4 Fringe Benefits Welfare Pension Health Annuity Other Other Other	Other	%				
Welfare	3a Total Insurance	%**				
Welfare	4 Fringe Benefits					<u> </u>
Pension Health Annuity Other Other Other						
Health						
Annuity						
Other						
Other						
Other						
Other						
Other						
Other						
Other						
Grand Total (lines1a,2a,3a&4a)		(a)		<u> </u>		-

Note: Contractor to provide certified payroll, union wage/fringe sheet and Notice of Employer Contribution Rates for attachment to this schedule.

^{**} Multiply total by line 1a

NEW JERSEY TURNPIKE AUTHORITY COST-PLUS WORK DAILY SCHEDULE OF EQUIPMENT CHARGES SCHEDULE C

Contract No Contractor					ange Orde	r No	Pe	eriod Covere	ed: Fr	То		
Item No Description												
					IOURS							
Description	Date	Date	Date	Date	Date	Date	Date	TOTAL	HOURLY	HOURLY	TOTAL	EQUIPMEN
Description	Date	Date	Date	Date	Date	Date	Date	HOURS	RATE*	OPERATING	l	COST
								Hooks	INAIL	COST*	RATE	0031
											10112	+
												+
NOTE: IF APPLICABLE, USE SEPAR												
SUBJECT TO OPERATING COS						KATING CO	OSTS.			TOTAL		
*From Schedule C-1, unless an i	iivoice N	o. for rente	eu equipm	ent is pro	vided.					TOTAL		

NEW JERSEY TURNPIKE AUTHORITY COST-PLUS WORK CALCULATION OF CONTRACTOR OWNED EQUIPMENT RATES

Schedule C-1

Contract No.	Contractor			Change	Order No	Pe	Period Covered: Fr		
Item No	Description								
DESCRIPTION	Model	Size	Blue	Month/	Page		Hourly		
	No.	and/or	Book	Year			Monthly/17		Operating
		Spec.	Section**			Amount	/176	Hourly Rate	Costs*

^{*}Only applicable when equipment is operating.

^{**} Attach the Blue Book Page for each item listed

NEW JERSEY TURNPIKE AUTHORITY COST-PLUS WORK

RENTED EQUIPMENT

SCHEDULE C-2

Contract No Contractor		Cha	Change Order No F				Period Covered: FrTo					
Item No	Description											
			OPERATING	HOURS								
Invoice Number	Rental Company	Description	Date	Date	Date	Date	Date	Date	Date	Total Hours	Total Amount	

Note:Engineer to confirm that Rental Co. is not owned by the Prime Contractor. If Rental Co. is owned by the Prime Contractor, reimbursement for equipment shall be calculated in accordance with Schedules C & C1.

T	o	Т	Α	L					

NEW JERSEY TURNPIKE AUTHORITY COST-PLUS WORK

	DAILY SCHEDULE OF MATERIAL	CHARGES	SCHEDULE D
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Contract No	Contractor	_Change Order No	Period Covered: Fr	_To
Item No	Description			

Vendor	Description	Invoice No.*	Date	TOTAL QTY.	UNIT PRICE	TOTAL AMT.	REMARKS	SALVAGE VALUE						
+														
+														
+														

*Attach copies of invoices

NEW JERSEY TURNPIKE AUTHORITY COST-PLUS WORK DAILY SCHEDULE OF SUBCONTRACTOR CHARGES SCHEDULE E

	Period cove	ered: FrT	·o
	Change		
Subcontractor	 Date(s) Work Performed	Invoice No.*	Total Amount

Total		

^{*} Include Vendor Invoice

NEW JERSEY TURNPIKE AUTHORITY

SCHEDULE F CONTRACT NUMBER: FEDERAL PROJECT NUMBER: CONTRACTOR/ SUB-CONTRACTOR: DATE: ITEM NUMBER: DESCRIPTION: MATERIALS LABOR EQUIPMENT Labor Classification Total STR OT1 OT2 Qty Material Stook Cost Taxes Code Gty Description In Use Standby Name Statement of Work Accomplished: I certify to the best of my knowledge and belief, that the equipment used on this work was of proper size, that material taken from stock as designated above is charged at fair market value, and that the account herein shown is an accurate statement of the labor, material and equipment used this day. Certification:

Date

For Engineer

Date

Signed:

For Contractor